



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 N PARK AVE STE 200 ~ PO BOX 200131

HELENA MT 59620-0131

(406) 444-3154 or toll free (877) 275-7372

AUTHORIZATION FOR DEDUCTION OF HEALTH INSURANCE PREMIUMS

Monthly health insurance premiums must be paid in advance. No grace periods or exceptions are allowed. Premium deductions may be started at any time. You are responsible to pay premiums from the time you retire until the premiums are deducted from your retirement benefit. Contact your clerk to verify which months you must self-pay your premiums.

Authorization forms and deduction changes must be initiated through your former employer.

TO BE COMPLETED BY THE RETIREE OR RECIPIENT (Please Print)

Retiree or Recipient Name

Social Security Number

Date of Birth

Date of Retirement

Mailing Address

City State Zip Code

I have elected to continue health insurance through my former employer. I authorize the MPERA to deduct from my retirement benefit the premiums necessary for this coverage, including any future increases or decreases in the premium amount. This authorization remains in effect until I cancel or change insurance coverage.

Signature of Retiree or Recipient

Date

TO BE COMPLETED BY THE EMPLOYER (Please Print)

Employer Name & Number

Employer Representative

Group Insurance Name

Policy Number

Monthly Premium Amount

\$

Insurance checks made payable to: ☐ Agency ☐ Insurance Company (Check one)

Premiums have been paid to employing agency for coverage through the month of _____.

Signature of Employer Representative

E-mail address

Date

Phone Number

MPERA USE ONLY:

Retirement Number _____

Agency Number _____

Carrier Code _____

Plan Code _____

Date Processed _____